death. Page 4

A.C. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

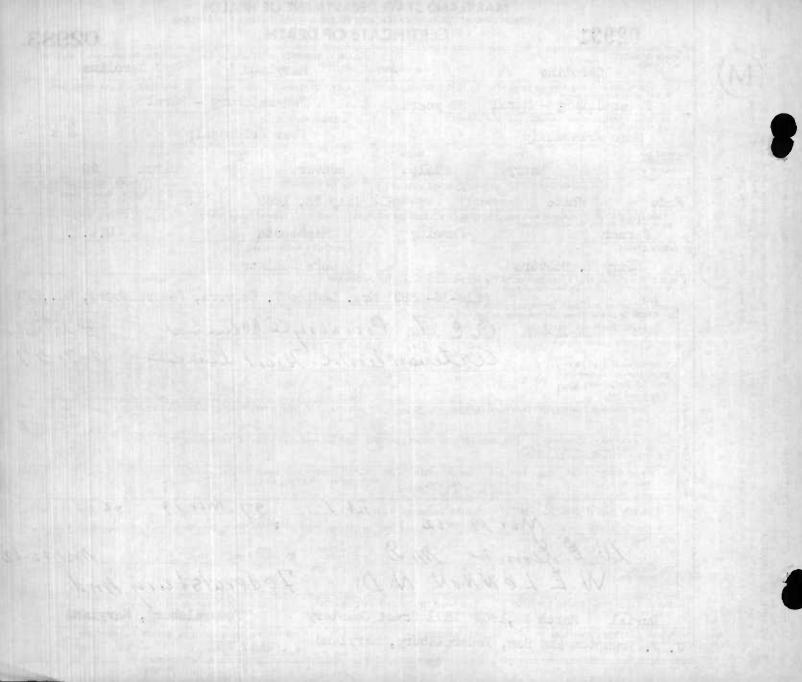
02991

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

o. COUNTY	Caroline	MARYLAND	o. STATE Maryla	- 1 001111011	Caroline
RURAL and give r	(If outside carporote limits, wr nearest town) alsburg - Rura			utside corporote limits, write RU alsburg — Rural	
OR INSTITUTION	ITAL (If not in hospitol, give st Friendhsip	reet oddress)	d. STREET ADDRESS	Friendship	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Henry	Middle Adolph	Boevers	4. DATE Mont	
S. SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) 63 yrs.	Months Days Hours Min.
Male 10a. USUAL OCCUPATI during mast of wo Farmer	ION (Give kind af work dane rking life, even if retired)	106. KIND OF BUSINESS OR INDU	July 23, 189 stry 11. BIRTHPLACE (State Minnesot	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Henry	W. Boevers		Dora Behli	mer	
1S. WAS DECEASED EV (Yes, no, or unknown) No	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Irs. Louise V.	Boevers, Feder	ralsburg, Md.,RFD
Conditions, if gove rise to cause (o), stoting lying couse last	the under-		rolic- Haa		2 - 7 - 4 7
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJU Haur o. m. p. m.			ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State
	at (I) (this haspital) at	tended the deceased from. 19 19 62 and that		5 -7. to 116 / 19 We from the causes and	d an the date stated above
22a. SIGNATURE	J. E. Sem	in M.D		ED. STAFF RECTOR PHYS.	May 22.
22c. PHYSICIAN'S NAME (Type)	W.ELe	NNON ML	22d. ADDRESS 70	deralstur	rg hnd.
23a. BURIAL, CREMATI REMOVAL (Specif Burial		962 Hill Crest		23d. LOCATION (City, town, o	
J. J. Fran	R'S SIGNATURE and Son,	Federalsburg, M	aryland 250. REC'		STRAR'S SIGNATURE

TO HO VR A1S (4) 1SM 9/59



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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02984

0.00	3.4				
1. PLACE OF DEATH	aroline	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Caroline
RURAL ond give n	(If outside corporate limits, write learest town) alsburg	c. LENGTH OF STAY IN 1b	1	utside corporote limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPI	TAL (If not in hospital, give street		d. STREET ADDRESS	enton Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First S ila s	Middle Oral	Christopher	4. DATE Month OF DEATH March	Day Yeor 20 1962
5. SEX Male	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH August 29, 1	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of wor	ON (Give kind of work done 10b. rking life, even if retired) hell Assorter Ex		STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Silas	E. Christopher		Ellen I	rikes	
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16.		Mrs. Mattie D.	Addre Christopher, Fo	ederalsburg,Md.
Conditions, if a gove rise to couse (o), storing lying couse lost. PART II. OT PART III. OT OR CONTRIBUTING (IF EITHER, NOTIF)	immediate but to complete comp	Cardy Cerelin Cerelin Contributing to Death BU CRIBE HOW INJURY OCCURRI	Parturel T NOT RELATED TO THE TERMI Justa	te-	onset and Death 10 day Let 10 yms EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUI Hour o. m. p. m.	While	6.	LACE OF INJURY (Home, farm actory, street, office bldg., etc.	20f. (City or town)	(County) (State
saw the decea	at (I) (this hospital) attended assed olive an March	ded the deceased fram. 20 1962, and that	August 11, 19 death occurred at 9:4	58. to March 20 MP from the couses and	L., 19.62 that (I) (we) los d on the dote stoted above
22c. PHYSICIAN'S	mIm	mel	M.D. ATTENDING MI PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED 3 • 23 • 6
NAME (Type)	H. R. Trapnell	1. M.D.		alsburg,	Maryland
230. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREOF March 24,196	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or Federalsburg	, Maryland (Stote)
J. J. Framp	r's signature tom and Son, Fed	eralsburg, Mar	yland 250. REC'	- 100	TRAR'S SIGNATURE

TO HO VR A1S (4) 1SM 9/S9

L. Milliana and a little of the manufacture of the first in the court Control Fill / Great THE PARTY OF THE P The first and the second secon Analysis in the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0299	3 ME	DICA	L EXAMINER'	S CERTIF	CATE	OF	DEATH	Reg. Di	it. No	129	185
PLACE OF DEATH a. COUNTY	Caro	line	MARYLAND	O CTATE	Mary		ed lived. If institut b. COUNTY			ore adm	
b. CITY OR TOWN (If ond give necret town) Marydel	outside corporate limits, write		c. LENGTH OF STAY IN 16		OWN (If ou		porote limits, write				
d. NAME OF HOSPITA		not in hosp ne	itol, give street oddress)	d. STREET AD	DRESS	No	ne				RESIDENCE A FARIS
NAME OF DECEASED (Type or print)	Joseph	1	Middle Seward	Daile		DATE OF DEATH	Month 3		Day 8		Year 19 62
Male Male	White	7. MARRIEI WIDOWED	DIVORCED	8. DATE OF BIRTH 9-14-1			76 yrs.	Months C	YEAR	Hours	Min.
Retried	Plice kind of work of Farm Owne	lone 10b. KI	NO OF BUSINESS OR INDUS		ryla:	nd e	ountry)	12. CI112	.S	XHAT	COUNTRY?
. FATHER'S NAME				14. MOTHER'S M							
	h Seward				abel.	1 Ma	rvel				
S. WAS DECEASED EVE	ER IN U. S. ARMED FOI (If yes, give wor or dates of :	ervice)	0 cial security No. 17.	Joseph	s. D	aile	y Bear,	Del	awa	are	
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)			eart dis	ease	, wi	th coro	nary		VAL BETW T AND DE	
Canditions, if or gave rise to immed		insu	fficiency						4	yr	
(a), stoting the u		Arte	rioscleros	is					7	yr	
PART II. OTH	ER SIGNIFICANT CON	DITIONS COM	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINA	L DISEASI	CONDITION GIVE	N IN PART			AUTOPSY DRMED? NO [X
20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.		DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of inju	y in Port I	or Part II	af ilem 18.)			it.	
20c TIME OF INJUR	Y Month, Day, Yea	20d. IN	ILLIRY OCCURRED 20e. PL	ACE OF INJURY (Ho	me form i	205 (Ciby	or town)	1Cour	dark.		(State)

MEDIC factory, street, office bldg., etc.) While at wark Hour Not while at work a. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry , and find that death resulted from: Natural causes 1, Accident , Suicide , Homicide , Undetermined cause .

March 10, 1962

E. Paul Knotts M.D. EXAMINER'S NAME (Type)

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

220. BURIAL CREMATION, 22b. DATE THEREOF Burial 3-11-62 22c. NAME OF CEMETERY OR CREMATORY Odd Fellows

Camden 24a. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Delaware 24b. REGISTRAR'S SIGNATURE

(Slate)

FUNERAL DIRECTOR'S SIGNATURE

ACTUAL

ADDRESS

DATE MAR 1 3 '62

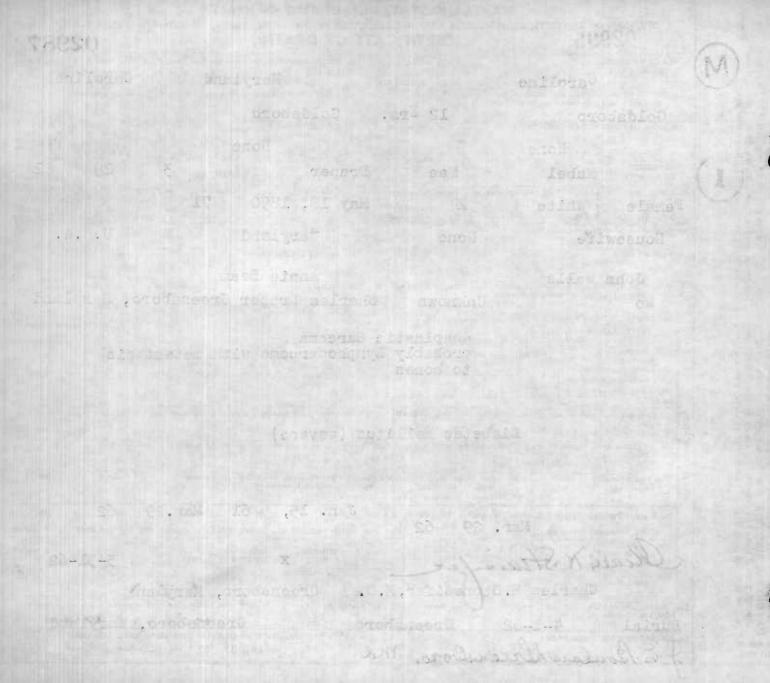
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副籍建筑等基础。	A PANT - ALMERO	500 D		
			iatri di Janea.	
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		Made In It.		
		Mad-le III		
		Ved-1: 12		
		Verd-1: 12		

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
:= \\/	02994 CERTIFICATE OF DEATH Reg. Dist. NO 2986
filed with	1. PLACE OF DEATH a. COUNTY AROLINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEM DRY LAND b. COUNTY CAROLEWE
funeral	b. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d 2 shar	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \)
les 1 an	3. NAME OF DECEASED (Type or print) O SEP H HEN KY DAWDY OF DEATH MONTH 1962
rs. Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
bon pape er death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) THE MONEY 12. CITIZEN OF WHAT COUNTRY Pennsylvania
8 4	13. FATHER'S NAME WILLIAM A, DANDY 14. MOTHER'S MAIDEN NAME ELIZA HOFFMAN
e remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clyos. no. or unknown of the give wor or dates of service) (If yea, give wor or dates of service) (If yea, give wor or dates of service) (If yea, give wor or dates of service)
sit permit. Then pleas nd in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause last. (c)
r remaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
remanan, a	County C
derachea is ta burial, c	21. I certify that I attended the deceased from DEC 15., 161, to FBB 28., 1962, that I last saw the deceased alive on FBB 28., 1962, and that death occurred atM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
strar prior	PHYSICIAN'S CHARLES H. Stories F. P. M.D. CREBASBORO, M.D. MARCH 3 19
page 3 shar	BREMOVAL (SPECIFY) MDR 4, 969 BBENEZER HURCH 22d. LOCATION (City, town, or county) STORY NEW SYKESV JLLE, MD
5 (4) /55	22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE ADDRESS ADDRESS ADDRESS ADDRESS DATE ADD 6 162 CINTAN & Krana

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	MANAGERALA PROPERTY OF THE PARTY OF T
	MANAGERALA PROPERTY OF THE PARTY OF T
	A STREET AND AND STREET OF THE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after . PLACE OF DEATH 2. USUAL RESIDENCE (Whata dacassed lived, If institution: Rasidance before admission) a. COUNTY Caroline the d Maryland MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) Goldsboro Goldsboro filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES NO X None None completely papers. 3. NAME OF Middle 4. DATE Month Year DECEASED 1062 29 Mabel Mae Draper (Type or print) DEATH and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ms birthday) Months May 18. White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. aryland None Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Beam ARMED FORCES? Addrass (Yas, no. prunkown) | (If yas giva war or datas of sarvice) Charles Draper Greensboro, Maryland nknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Anaplastic Sarcoma IMMEDIATE CAUSE (a) probably Lymphosarcoma with metastasis DUE TO to bones Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO Diabetes Mellitus (severe) 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) detache factory, straet, offica bldg., atc.) Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Jan. 15., 19.61 to Mar. 29., 1962, that (I) (we) last 29 1962, and that death occurred at.......M, from the causes and on the date stated above Mar. 22b. DATE SIGNED PHYS. DIRECTOR PHYS. FUNERAL director, page be filed with t 22d. ADDRESS .Stonesifer.M.D. Greensboro, Marylan 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Burial Greensboro. Greensboro 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Trave 15M 9/60 DATE

ARYLAND STATE DEPARTMENT OF HEALTH



02996

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02988

1. PLACE OF DEATH a. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Caroline
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Federalsburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 103 East Central Ave	address)	d. STREET ADDRESS 103 East Central Avenue o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clara	Middle Agnes	Galloway 4. DATE Month Day Year OF DEATH March 10 19 62
S. SEX Female 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH July 6, 1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: lost birthday) 78 yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark done during mast of working life, even if retired) Housework	KIND OF BUSINESS OR INDU	Catonsville, Maryland U.S.A.
13. FATHER'S NAME William Knauff		Agnes (maiden name unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	None None 17. II	W. Claudell Galloway, Federalsburg, Md.
CATIC		ONSET AND DEATH CY FIVE OS CLEWOWS FANGUAGE THOSE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. While	NJURY OCCURRED 20e. PL Nat while fa	ED. (Enter nature of injury in Part I or Part II of item 18.) LACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State actory, street, office bldg., etc.)
21. 1 certify that (I) (this haspital) atten- saw the deceased alive on 3-1.0 22a. SIGNATURE W. B. Serma	ded the deceased fram.	death occurred at 1 PM, from the causes and an the date stated above 22b. DATE ATTENDING MED. PHYS. STAFF PHYS. 3-12-62 IGNE 3-12-62 ATTENDING MED. PHYS. STAFF ATTENDING MED. PHYS. STAFF M.D. PHYS. STAFF
22c. PHYSICIAN'S NAME (Type) W. E. Lennon	, M.D.	22d. ADDRESS Federalsburg, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE J. J. Framptom and Son, F	ADDRESS	est Cemetery Federalsburg, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HO VR A1S (4) 15M 9/59

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2	02997 CERTIFICATE OF DEATH Rog. Dist. No. 02989
(M)	D. PLACE OF DEATH a. COUNTY CAROLINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAROLINE MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. 15 RESIDENCE ON A FARM? YES \(\sum \text{NO} \sum \text{NO} \)
	NAME OF DECEASED (Type or print) CLEVE LAND Middle HENRY 4. DATE Month Day Year OF DEATH March 25 19 62
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NOTICE NOT
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Town over Seman Morey 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
rs offer	JAMES LI HENRY JAPELINE COARROLL
/2 hour	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (It yes, give wor or dates of service) Address Address Leward Lewa
A L	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis
	Conditions, if any, which by Arteriosclerotic Cardio-vascular
	gave rise to immediate cause (a), stating the under-lying cause lost. DISEASE
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. fs. p. m. 19 at work at wor
	21. I certify that I attended the deceased from Feb. 2 , 1962, to Mar. 25 , 1962, that I last saw the deceased alive on Mar. 25. , 1962, and that death occurred at Mar. 25. M, from the causes and on the date stated above
	ACTUAL Signature Clearly Storesty M.D. Greensboro, Md. Mar. 27 62
	PHYSICIAN'S Charles H. Stonesifer, M.D.
n	OBURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE ADDRESS DATE

Deesso. Tara - toorer - tore - to the training of the Romania e esta la la segui de la manca and the state of t SHELVER , LEDVIE ! J. E. Dowlers Strawallows, Neb. - - 10

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	02939 CERTIFICATE OF DEATH Reg. DI	02991
1.		ce before admission)
L	RORAL and give negrest town) X GREEN S BORO X GREEN S BORO	give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First Middle SHIET) S 4. DATE Month OF DEATH March	Day Year 27 19 62
	WIDOWED DIVORCED MAY 31, 1873 Stat. birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	at home home Moorey Land	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME WILLIAM DOINERS MOTHER'S MAIDEN WAME MILLIAM DOINERS MOTHER'S MAIDEN WAME	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clubert Shields, Green	boro, MO
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Chronic Myocarditis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) Advanced Generalized Arterio	
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO SCIETOSIS	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)	County) (State)
	ADDRESS (Street, city or town, state)	DATE SIGNED
	DI INCLAI LAND	^
220		(State)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIC	
	3. 15. 17. 15. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	1. PLACE OF DEATH a. COUNTY MARYLAND 1. PLACE OF DEATH b. CITY OF TOWN (If outside corporate limins, write and county) b. CITY OF TOWN (If outside corporate limins, write and county) c. CITY OF TOWN (If outside corporate limins, write and county) d. CITY OF TOWN (If outside corporate limins, write and county) d. CITY OF TOWN (If outside corporate limins, write and county) d. CITY OF TOWN (If outside corporate limins, write and county) d. STREET ADDRESS d. COLOR OF BACE [7, MARRIED] 3. NAME OF HOSPITAL (If not in hospital, give street oddites) OF INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street oddites) OF DECLASED (If per or print) 100. USUAL OCCUPATION (Give kind of work doose) 100. USUAL OCCUPATION (Give kind of work doose) 100. USUAL OCCUPATION (Give kind of work doose) 100. KIND OF BUSINESS OR INDUSTRY II. Suchiplus (1) Such prints (1) Such p

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
40 2	1		03090 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00000
Id b	M)	-	Keg, Dit	
please exe 4 should b			PLACE OF DEATH O. COUNTY O. COUNTY O. STATE N OR O LINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, resider O. STATE N OR O LINE MARYLAND	0.1011
Page burial,		1	c. CITY OR TOWN (If outside corporate limits, write RURAL and and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and DENTON) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and DENTON)	give nearest tawn)
les. prior ta	X	(I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON 4 FARM? YES X NO
f any e fund for your fill e registrar			NAME OF DECEASED (Type or print) CHARLES HENRY WAGNER OF Month OF MATE MONTH	Day Foor 7 1962
the from	ノ	5. 5	The state of the s	
deo deo refa		10a	. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZ Uring most of warking life, even if retired)	EN OF WHAT COUNTRY
urs after 1, 2, an may be		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME	20150
Pages		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.	ICEIL
ithin 24 I Give Page 3. Page			10. or unknown) (If yes, give war or dates of service) IRVIN WAGNER, DEN	TON, MO.
rm PM			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Chronic Coronary Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH 4 YPS
in li with			Canditians, if any, which (b) General Atherosclerosis	10 yr
shauld b in pencil e alang a burial	Λ		gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	
office as		CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ne e			20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	
3 st Cal		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 20d. 1NJURY OCCURRED While Not while at work at work 19 at work 20d. 1NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	ty) (State)
Medi Medi			21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	, and find that
writ writ hief OR:			death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .	
AEDICA tificate, o the C DIRECT			ACTUAL SIGNATURE STAUL TOOLS M.D. CHIEF MEDICAL EXAMINER March 9	DATE SIGNED
cerded by NERAL smoval.	2		EXAMINER'S NAME (Type) E.Paul Knotts M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	
cute farw for W	0	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) MYR 11, 1962 RTD GELY RIDGEW	MD (Stote)
VS. A15ME(5) 5M 9/55	B	23.	ADDRESS DATE MAR 1 2 '62 CATHAN A	0 11